



CITY OF LINCOLN
217-732-6318

Building and Safety Office

700 Broadway St.
Lincoln, IL 62656

DEMOLITION PERMIT APPLICATION

Date: _____

Site Address: _____

Demolition Cost: _____

Applicants Signature: _____

Permit Number BD- _____ - _____

Permit Fee: _____

Receipt No: _____

Date Issued: _____

Code Enforcement Officer

PLEASE PRINT OR TYPE ALL INFORMATION AND COMPLETE ALL ITEMS

The Applicant is: ☐ Owner ☐ Contractor ☐ Other _____

Property Owner: Name: _____
 Address: _____
 State: _____ Zip: _____ Telephone No: _____

Contractor Name: Name: _____
 Address: _____
 State: _____ Zip: _____ Telephone No: _____

Legal Description of property:

Description of Structure to be Demolished:
(Attach plot if appropriate)

Type of building _____ Dimensions _____
Height setbacks _____ Other _____

Disposition of Materials:

Use of Land Following Demolition:

Public Liability Insurance Provided – Fee _____ (\$1.00 per hundred square feet or fraction thereof for each floor: minimum \$7.00; no fee if demolition is by the property owner on his own property or by order of the City or a Court)

Public Liability Insurance is not required if property is a one-story building at least ten feet from any other building or street, or if a two-story building at least twenty-five feet from any other building or street (Reference City Code of Lincoln 8-9-1 thru 8-9-10)

UTILITY DISCONNECTION CERTIFICATION

Must be completed BEFORE permit is issued

As Applicable

WATER - Date disconnected: _____

Certified by: _____

Company: _____

NATURAL GAS – Date disconnected: _____

Certified by: _____

Company: _____

SEWER – Date plugged: _____

Certified by: _____

Company: _____

ELECTRIC – Date disconnected: _____

Certified by: _____

Company: _____

Contact your cable/satellite service and your telephone service for disconnection

FINAL APPROVAL UPON COMPLETION OF DEMOLITION

Date: _____

Code Enforcement Officer Signature _____

NOTICE: THIS PERMIT EXPIRES 90 DAYS FROM DATE ISSUED